ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NU	76530	07 6 6
O.I.P.E. CLASSIFIER	1-1		03-820
FORMALITY REVIEW	1		3-15
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

~	Rejected	Ν	Non-elected
	Allowed		Interference
	(Through numeral) Canceled		Appeal
÷	Restricted		Objected

	÷	Restricted	A O	Appeal Objected
Claim	Date	Claim Da	ate	Claim Date
Final Conginal Congina Conginal Conginal Conginal Congina Conginal Conginal Congina		Final Original		Original
3		52 53		101 102 103
5		54		104
6 7		56 57		106
9 (10)		58 59		108
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45 46 47		95 96		145
48		98		147
50		100		149

If more than 150 claims or 10 actions staple additional sheet here